



CMFB/PMC/001

## PERSONAL ACCOUNT MANDATE CARD (CURRENT/SAVINGS ACCOUNT)

DATE  D  D  M  M  Y  Y  Y  Y

ACCOUNT NO

NAME

ADDRESS

PHONE NO

EMAIL

DATE OF BIRTH  D  D  M  M  Y  Y  Y  Y

INDIVIDUAL ACCOUNT

JOINT ACCOUNT

TRUSTEE ACCOUNT

PASSPORT  
PHOTO

MANDATE

SINGNATURE

CUSTOMER CARE OFFICER	.....	OPERATIONS MANAGER
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PASSPORT  
PHOTOGRAPH

## PERSONAL ACCOUNT APPLICATION FORM

## ACCOUNT INFORMATION:

TYPE OF ACCOUNT:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Target Savings	<input type="checkbox"/> E - Account	
	<input type="checkbox"/> Others (specify) _____				
INDIVIDUAL:	<input type="checkbox"/>	JOINT:	<input type="checkbox"/>	TRUSTEE:	<input type="checkbox"/>
ACCOUNT NAME:	<input type="checkbox"/> _____				
OPENING REASON:	<input type="checkbox"/> Salary	<input type="checkbox"/> Savings	<input type="checkbox"/> Funds Transfer	<input type="checkbox"/> General Banking	<input type="checkbox"/> Others
SOURCES OF FUND:	<input type="checkbox"/> Salary	<input type="checkbox"/> Wages	<input type="checkbox"/> Pension	<input type="checkbox"/> Business Turnover	<input type="checkbox"/> Gift & Donation
	<input type="checkbox"/> Others				

## CUSTOMER INFORMATION

TITLE:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs	<input type="checkbox"/> Master	<input type="checkbox"/> Miss	<input type="checkbox"/> Prof.	<input type="checkbox"/> Pst.	<input type="checkbox"/> Others (specify) _____							
NAME:	<input type="checkbox"/> _____					(Surname)	(First Name)	(Middle Name)						
PREFERRED NAME:	<input type="checkbox"/> _____													
GENDER:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	MARITAL STAUS:			<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> others (specify) _____						
DATE OF BIRTH:	D <input type="checkbox"/> <input type="checkbox"/>	M <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/>	RELIGION:			<input type="checkbox"/> _____							
STATE OF ORIGIN:	<input type="checkbox"/> _____					LGA:			<input type="checkbox"/> _____					
MEANS OF ID:	INT'L PASSPORT:	<input type="checkbox"/>	DRIVER'S LICENCE:			<input type="checkbox"/>	NATIONAL ID:			<input type="checkbox"/>				
OTHERS:	<input type="checkbox"/> _____										I.D NO:	<input type="checkbox"/> _____		
I.D ISSUE DATE:	D <input type="checkbox"/> <input type="checkbox"/>	M <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/>	I.D EXPIRY DATE:			D <input type="checkbox"/> <input type="checkbox"/>	M <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/>					
PLACE OF ISSUANCE:	<input type="checkbox"/> _____										ISSUING AUTHORITY:	<input type="checkbox"/> _____		
RESIDENTIAL ADDRESS:	<input type="checkbox"/> _____													
<input type="checkbox"/> _____														
PROPERTY TYPE:	RENTED:	<input type="checkbox"/>	OFFICIAL:	<input type="checkbox"/>	FAMILY HOUSE:	<input type="checkbox"/>	OWNER OCCUPIER:	<input type="checkbox"/>						
EMAIL:	<input type="checkbox"/> _____													
PHONE NO:	<input type="checkbox"/> _____													
MOTHER'S MAIDEN NAME:	<input type="checkbox"/> _____													
SPOUSE NAME:	<input type="checkbox"/> _____													
COUNTRY OF BIRTH:	<input type="checkbox"/> _____										NO OF DEPENDANTS	<input type="checkbox"/>		
TAX IDENTIFICATION NO:	<input type="checkbox"/> _____													



OCCUPATION	[REDACTED]
EMPLOYER'S NAME	[REDACTED]
EMPLOYER'S ADDRESS	[REDACTED]
	[REDACTED]
	[REDACTED]

#### **NEXT OF KIN:**

NAME:	[REDACTED]		
	Surname	First Name	Middle Name
RELATIONSHIP	[REDACTED]		
RESIDENTIAL ADDRESS	[REDACTED]		
	[REDACTED]		
PHONE NO	[REDACTED]		

#### **CUSTOMER DECLARATION**

I/We hereby apply for the opening of account(s) with Covenant MFB Ltd.

I/We understand that the information given herein and the documents supplied are the basis for opening such account(s) and therefore warrant that such information is correct.

I/We have read the terms and conditions governing the operations of the account(s) which are presented overleaf and agree to be bound by them.

I/We therefore request that you open an account and provide your services to me/us in line with the above information.

[REDACTED]
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SIGNATURE

[REDACTED]
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SIGNATURE

#### **FOR OFFICE USE ONLY**

DULY COMPLETED ACCOUNT OPENING FORM	<input type="checkbox"/>	<input type="checkbox"/>	UTILITY BILL, RENT RECEIPT	<input type="checkbox"/>	<input type="checkbox"/>
MEANS OF IDENTIFICATION OF SIGNATORIES	<input type="checkbox"/>	<input type="checkbox"/>	2 SATISFACTORY REFEREES	<input type="checkbox"/>	<input type="checkbox"/>
2 PASSPORT PHOTOGRAPHS OF EACH SIGNATORY	<input type="checkbox"/>	<input type="checkbox"/>	COMPLETED SPECIMEN SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>

ACCOUNT NO [REDACTED]



## GENERAL TERMS AND CONDITIONS

The Terms and Conditions are applicable to all accounts whether opened on the date of signing these terms and conditions or on a later/prior date.

1. It is agreed that the Bank shall have the right to modify the nature, conditions and stipulations of these general terms and conditions by a simple written notice to the customer or by notice posted in the banking hall including the rate of interest, commissions and other conditions to any account. Any such amendments shall be binding on the customer from the date of the said notice, that is from the date fixed by the Bank in its absolute discretion even if the customer has not received the said notice for any reason whatsoever.

2. Any delay or omission of the Bank in exercising or enforcing (whether wholly or partly) any right or remedy arising in respect of the Account(s) shall not be construed as a waiver of such right or remedy.

3. The account holder must immediately inform the Bank in writing of any change in the details given on the account opening form and any other changes thereto.

4. In the event of the death of an account holder, the next of kin is to advise the bank in writing of such death becoming known to him/her/them within 10 days thereof and in the absence of such written notice acknowledged by the Bank, the Bank is not liable for any claim on the Bank arising from continuation of the account(s) and the Bank shall not be held liable for allowing operations in the account(s).

5. The account holder is personally and separately fully liable for any overdraft or the obligation arising in or in connection with the account(s) and the Bank is hereby authorised to debit the account(s) with all interest commission and/or other banking charges and expenses (including legal charges) incurred in connection with the account(s).

6. I/We agree to be responsible for repayment of any such overdraft with interest accruing thereon together with any usual banking charges, interests and commissions.

7. The Bank reserves the right to debit the account in case of erroneous credit provided to customer account.

8. I/We agree to be responsible for repayment of any such overdraft with interest accruing thereon together with any usual banking charges, interests and commissions.

9. I/We agree to assume full responsibility for the genuineness, correctness and validity of all endorsements appearing on all cheques, orders, bills, notes, negotiable

instruments and receipts or other documents deposited in my account.

10. I/We agree to hold the Bank free from any responsibility for any loss of funds deposited with the Bank due to any future Government order, law, levy, tax embargo, exchange restriction or any other cause beyond the Bank's control.

11. I/We agree to accept as due notification any notice of change in conditions governing the account directed to my last known address and to be bound by such change.

12. That my/our attention has been drawn to the necessity of safe guarding my cheque book, withdrawal booklet, etc so that unauthorised persons are unable to have access to it and to the fact that neglect of this precaution may be a ground for any consequential loss being charged to my/our account and I shall exempt the bank from liability thereof.

13. I/We agree that unless there is an agreement with the bank in writing, only Tellers sitting across the counter are authorised to handle cash and cheque transactions. Furthermore that the bank will not be liable for any loss arising from cash and cheques given to unauthorised staff.

14. I/We accept and agree that the bank is not bound to honour any cheque(s) drawn on this account unless there are sufficient funds in the account to cover the value of the said cheque(s) and related charges and I understand and agree that any such cheque(s) may be returned unpaid but if paid, I/We are obliged to repay the bank demand with interest thereon.

15. I/We also agree that in addition to any general lien or similar right to which you as bankers may be entitled by law you may at any time without notice to me/us combine or consolidate all or any of my/our accounts without any liabilities to you and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts or any other credits, be it cash, cheques, valuables, deposits, securities, negotiable instruments or other assets belonging to me/us with you in or towards satisfaction of any of my/our liabilities to you or any other account or in any other respect whether such liabilities be actual or contingent, primary or collateral and joint or several

16. I/We agree that you may treat the above authority as continuing until the bank receives notice in writing to the contrary.

17. I/We agree to comply with all terms and conditions issued by the bank, which may from time to time be subject to change to ensure banking convenience.



**FOR BANK USE ONLY**

**DOCUMENTS AND FORMS RECEIVED:**

	YES	DEFERRED	WAIVED
1. COMPLETED SIGNATURE CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. REFERENCE FORMS (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PASSPORT PHOTOS (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. SIGNATORY'S PERSONAL INFORMATION FORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. COPY OF IDENTIFICATION OF SIGNATORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ADDRESS VERIFICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. KYC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DOCUMENTATION CHECKED :**

DOCUMENTS DEFERRED/WAIVED AUTHORISED BY.....  
(NAME, SIGNATURE & DATE)

CUSTOMER CARE OFFICER.....  
(NAME, SIGNATURE & DATE)

OPERATIONS MANAGER.....  
(NAME, SIGNATURE & DATE)



**COVENANT MICROFINANCE BANK LTD**  
Canaan Land, Ota, Ogun State.

Name: \_\_\_\_\_

**Address:** \_\_\_\_\_

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Date: \_\_\_\_\_

The Managing Director / CEO  
Covenant Microfinance Bank Ltd  
Canaanland, Ota.  
Ogun State.

Dear Ma/Sir,

## DESCRIPTION TO MY HOUSE

In the absence of utility bill, I hereby write a detailed description to my house.

From Canaan land gate, board a bus

to:

Thanks.

Yours faithfully,

**Signature.....**

Name.....